

EMPLOYMENT APPLICATION

It is the policy of Tavistock Freebirds, LLC to provide equal opportunity in employment and advancement without regard to race. color, religion, age, sex, national origin, handicap, disabled, veteran, or Vietnam-era veteran status, marital status, sexual orientation, citizenship status or any other basis protected by federal, state or local law or ordinance.

Full Legal Name:					Date:				
First	Middle		Last	-	S	ocial Secu	urity Numbo	er	
Present Address:					Are	you 16-18	years of a	age?	
Street			Apt	-	[Yes)	
City	State		Zip	-	Pre		ohone Num area code)	nber	
How long have you lived at this address?				-	Whose telephone number is this?				
Email address:				_		·			
Previous Address:					Have yo	_	Freebirds in t		
Street			Apt	-	L I	Yes		0	
City	State		Zip	-	Have yo	u <u>worked</u> for	Freebirds in t	-	
How long did you live at this address?					Yes		C		
				-	Who	referred yo	ou to Freet	oirds?	
What location are you most	interested in: How ma	any hours p	er week ca	an you worl	</td <td>If hired, w</td> <td>vhen can yo</td> <td>u start?</td>	If hired, w	vhen can yo	u start?	
City: Location Name:		Less than 1 25 to 35	5	to 25	35	(please pr	ovide in мм	//DD/YYYY)	
When can you work?	1								
When can you work?		SUN	MON	TUE	WED	THU	FRI	SAT	
	All hours available before 5pm (i.e. 10am to 4pm)								
	All hours available after 5pm								



Are	you authorized	to work in th	e United States?				
Have you ever been convi If yes, please expl			vill not necessarily determine employment)?				
Type of School	N	ame and Loc	n Currently Enrolled, Not Currently Enrolled, or Graduate				
High School							
2-Year College or Technical							
4-Year College or University							
Other Education							
	List Your Last E	Previ e mployer First	<i>ous Employment</i> t – Include Military Experience, if applicable				
Period of Unemployment	from:	to:	How did you use this time?				
			Dates Employed:				
Employer's Name			Title/Duties:				
Street Address			Reason for Leaving: Supervisor:				
City, State	Telephone	Number	May we contact this person? Yes No				
Period of Unemployment	from:	to:	How did you use this time?				
			Dates Employed:				
Employer's Name			Title/Duties:				
Street Address			Reason for Leaving: Supervisor: May we contact this person? Yes				
City, State	Telephone	e Number					
Period of Unemployment	from:	to:	How did you use this time?				
Employer's Name			Dates Employed: Title/Duties:				
Street Address			Reason for Leaving:Supervisor:				
City, State	Telephone	Number	May we contact this person? Yes No				

Personal Reference/Relationship/Phone Number _____ Personal Reference/Relationship/Phone Number

READ CAREFULLY PRIOR TO SIGNING BELOW: I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in my dismissal. I further understand and agree that, if hired, employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Applicant's Signature